Suprapubic Catheter Insertion Clinic

Exceptional healthcare, personally delivered
Suprapubic Catheter

Why may I need a suprapubic catheter?
A suprapubic catheter enters the bladder through an incision in the abdomen instead of through the urethra (water pipe). Some patients with long term catheters find it easier to manage a suprapubic catheter. Additionally some patients may have difficulty with urethral catheters and a suprapubic catheter is a useful alternative.

What do I need to do before I come?
No special preparation is required. You may eat and drink normally and you may drive before and after the procedure. There is no need to rest afterwards.

Please contact us to let us know if you take any medication that thins your blood e.g.

- Aspirin
- Warfarin
- Clopidogrel
- Rivaroxaban
- Dabigatran

If you take blood thinning medication you may need to attend for a pre-procedure assessment with a specialist nurse to get advice on stopping this medication before the procedure.

Please let us know if you have any of the following:

- Artificial heart valve
- Coronary artery stent
- Heart pacemaker or defibrillator
If you have symptoms of a urinary tract infection then please let us know and we will arrange for you to attend before your procedure to check a sample of urine. Alternatively you could see your general practitioner if you are concerned about a urinary tract infection.

What happens when I arrive?

- Before you have this investigation, you will be asked to give your consent. Any questions that you have at this stage will be answered.

- When you arrive at the clinic you will be asked to empty your bladder into a sterile pot so that the medical team can make sure you don’t have an infection. If you already have a urethral catheter a sample of urine from the catheter bag may be checked. If you do have an infection then the procedure may be cancelled as having this procedure with an infection could potentially make you very unwell.

- The nurse will escort you to the examination room and you will be asked to lie on a couch.

- A flexible cystoscope will be used to guide the placement of the suprapubic catheter. This is an instrument which contains a miniature telescope and allows the clinician to visualise the inside of the bladder.

- Your genital area and abdomen will be cleaned with a mild disinfectant and a pain killing jelly will be applied to the urethra and given a few minutes to work.

- Before the examination you will be covered with towels – try not to touch these with your hands.
What happens during the procedure?

You will usually be given injectable antibiotics before the procedure, after checking for any allergies.

You may be given a local anaesthetic injection to numb the area of the abdomen where the incision will be made.

Although the flexible cystoscope can look daunting, the clinician will only insert the tip into your bladder. Gentlemen may be asked to cough to enable it to pass through the sphincter into the bladder. Then lights may be dimmed to give the doctor a better view. You may experience some brief discomfort that will not last for long.

There are folds in the lining of the bladder. Fluid is run into the bladder through the cystoscope to enable the doctor to see all of the lining of the bladder. You may therefore have the feeling of a full bladder or want to pass urine. If this or anything else becomes painful please tell the clinician.

Once the bladder is filled with fluid the clinician will then insert your suprapubic catheter through a small incision in your lower abdomen just above the pubic hairline. In patients with small bladders the often may need to be larger so that the bladder can be seen clearly to allow the catheter to be inserted.

Correct positioning within the bladder is confirmed using the flexible cystoscope.

Please do not hesitate to ask any questions you may have. We will make the procedure as comfortable as possible for you.

Are there any side effects?

Most procedures have possible side effects. But although the complications listed below are well recognised most patients do not suffer any problems.

Common (greater than 1 in 10)

- Temporary mild burning or blood in the urine.
Occasional (between 1 in 10 and 1 in 50)

- Infection of the bladder requiring antibiotics.
- Blocking of the catheter.
- Bladder discomfort and pain.
- Persistent leakage from the urethra (water pipe), which may need an operation to close the bladder neck.
- Development of stones and debris in the bladder causing catheter blockage and requiring removal or crushing by an operation.

Rare (less than 1 in 50)

- Bleeding requiring irrigation or additional catheterisation to remove blood clot.
- Rarely, damage to surrounding structures such as bowel or blood vessels with serious consequences possibly needing an operation.

Will there be any after effects?

Most patients have no problems. However:

- Drinking extra fluids is advisable because this helps to flush your system through and minimises any bleeding.
- You may be find some antibiotics which you should take as prescribed.
- If you have a temperature, persistent pain, burning or bleeding please do not hesitate to contact the team or your GP.
What should I expect when I get home?

When you are discharged from hospital you should:

- Be given advice about your recovery at home.
- Ask when you can begin normal activities again such as work, exercise, housework and sex.
- Ask for a contact number if you have any concerns once you return home.
- Have an appointment booked for a catheter change in about 12 weeks’ time.

When you leave hospital you will be given a discharge summary. This contains important information about your procedure. If you need to call your GP or if you need to go to another hospital please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of your procedure.

In the event of the catheter falling out, it must be replaced as a matter of urgency or the track will close up and it may not be possible to reinsert the catheter. Contact your GP for immediate advice.

Are there any other important points?

Some discharge from the catheter site is not unusual in the longer term.

If the catheter blocks within the first four weeks the channel between the skin and the bladder will not have healed completely. It is not possible to change the catheter easily in this period. In this event it is important that the catheter is not taken out in an attempt to change it. It should be left in place and a urethral catheter inserted. Please contact us if this occurs.
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References
